

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035042

DO NOT WRITE
ON THIS STUB

AMENDED

149
SEP 28 1962

Primary Registration District No. 1002 Registrar's No.

4738

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5631 Chestnut Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WALTER

FIELDS

WARDEN

4. DATE OF DEATH

Month

Day

Year

Sept. 12, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/31/1899 63

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Skelly Oil Co.

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William S. Warden

13b. MOTHER'S MAIDEN NAME

Susie Fields

14. NAME OF HUSBAND OR WIFE

Lucinda M. Warden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Willard O. Tidd, Independence, Mo.

Address

10117 Winner Road

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bilateral Pneumonitis

3 days

DUE TO (c)

Aspiration of Vomitus

6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Central Nervous System Dysfunction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1960

to Present

and last saw him alive on Sept 12 1962

Death occurred at 7:15 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George K. Boyd M.D.

(Degree or title)

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

9-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 15, 62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

9-15-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

George K. Boyd

MEDICAL CERTIFICATION

W. George R. Boyd
5111 Independence Avenue
11:00 - 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Norman W. Nelson

Licensed Embalmer No.

4889

P. O. Address

Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.